

Official Mail Receipt
Domestic Mail Only Insurance Coverage Provided

OFFICIAL MAIL RECEIPT

Postage \$ 129
Certified Fee \$ 23000
Return Receipt Fee (Endorsement Required) 175
Restricted Delivery Fee (Endorsement Required) \$ 4134

STATION CHICAGO
JUN 7 2004
SPS 400904

Sent To
Street, Apt. or PO Box
City, State, Zip

Chemical Solvents
c/o Chemical Solvents, Inc.
3751 Jennings Rd.
Cleveland, OH 44109

M. Adams
SR-61 re: CRS

PS Form 3811, March 2001

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>		<p>A. Received by (Please Print Clearly) _____ B. Date of Delivery JUN 16 2004</p>	
<p>1. Article Addressed to:</p> <p>Chemical Solvents c/o Chemical Solvents, Inc. 3751 Jennings Rd. Cleveland, OH 44109</p>		<p>C. Signature X <i>R. Enny</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>	
		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: _____</p>	
		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. </p>	
<p>2. Article Number (Transfer from service label)</p> <p>7001 0320 0006 1450 5532</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, March 2001 Domestic Return Receipt 102595-01-M-1424

US EPA RECORDS CENTER REGION 5



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